

OUTPATIENT ORDER FORM WOMEN'S HEALTH

Appt. Date: _____

Appt. Time: _____

Arrival Time: _____



TO SCHEDULE: 706.389.2700

FAX this order and required
clinical records to: 706.389.2711

☐ **Main Hospital**
1230 Baxter St., Athens, GA

☐ **St. Mary's Breast Health Center**
1500 Oglethorpe Ave, Ste 2100, Athens, GA

☐ **Outpatient Diagnostic Center**
2470 Daniels Bridge Rd., Athens, GA

☐ **St. Mary's Good Samaritan Hospital**
5401 Lake Oconee Pkwy., Greensboro, GA

☐ **St. Mary's Sacred Heart Hospital**
355 Clear Creek Pkwy., Lavonia, GA

PATIENT'S LEGAL NAME	DATE OF BIRTH	PATIENT PHONE	INSURANCE COMPANY NAME
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PHYSICIAN OFFICES Tests cannot be performed without listing the signs/symptoms and/or reason(s) for each test ordered along with the ICD-code. Federal law requires that we inform you when ordering tests that will be paid under federal health programs, including Medicare and Medicaid, physicians should only order tests that are medically necessary for diagnosis or treatment of the patient, not for screening purposes.

Your office will be contacted prior to test being performed if form is not complete.

PATIENT SIGNS/SYMPTOMS	ICD-10 CODE:
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PHYSICIAN NAME (please print)	<input type="checkbox"/> CALL REPORT TO _____
	<input type="checkbox"/> FAX REPORT TO _____

X _____ ORDERING PHYSICIAN'S SIGNATURE <i>Signature Stamps Are Not Valid</i>	DATE/TIME	SPECIAL INSTRUCTIONS
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HOSPITAL LOCATIONS

digital screening mammogram

___ right ___ left ___ bilateral

* ___ Proceed with additional work-up to include biopsy
as recommended by radiologist.

digital diagnostic mammography (may include ultrasound, as needed)

___ right ___ left ___ bilateral

* ___ Proceed with additional work-up to include biopsy
as recommended by radiologist.

Select the following indications:

___ follow-up to abnormal mammogram

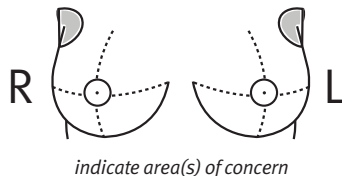
___ personal history of
breast cancer Diagnosis date _____

___ pain in a specific area
of the breast

___ palpable mass/lump

___ skin changes

___ nipple discharge



breast ultrasound

___ right ___ left ___ bilateral

breast mri

___ right ___ left ___ bilateral

___ without contrast – implants

___ with contrast – evaluation for breast cancer

HOSPITAL LOCATIONS

interventional/diagnostic procedures

___ ultrasound guided biopsy

___ cyst aspiration

___ needle localization

___ galactogram

___ mri guided biopsy

___ stereotactic biopsy

___ consult/second opinion

OUTPATIENT DIAGNOSTIC CENTER/BREAST HEALTH CENTER

digital screening mammogram

___ right ___ left ___ bilateral

* ___ Proceed with additional work-up to include biopsy
as recommended by radiologist.

bone density scan

___ bone densitometry (dexa)

patient instructions

■ Patient should wear a two-piece outfit.

■ Do NOT use deodorant, perfumes, powders, ointments,
or anything in the underarm area or breasts until the exam
is completed.

■ Please bring previous mammography films with you on
the date of your appointment if not performed at St. Mary's.
This will allow us to provide your results more quickly.



ORD.X.CLI - CLINICAL ORDERS